



# The Ontario Special Education (English) Tribunal

## Form A: Notice of Appeal (Disponible en français)

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**An Appeal under Section 57 of the *Education Act***

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Parents /Appellants

and

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School Board/ Respondent

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Date of Appeal

## Before you start:

1. Download and read the *Information for Parties* and the *Rules of Procedure* from the Tribunal's website [www.oset-tedo.ca](http://www.oset-tedo.ca).

If you need a paper copy or accessible format version of this document, contact the Tribunal Secretary as follows:

- by mail at: 1075 Bay Street, 7<sup>th</sup> Floor Toronto ON M5S 2B1
  - by telephone at: 416-326-1356
  - by fax at: 416-326-5135
  - by email at: [oset@ontario.ca](mailto:oset@ontario.ca)
2. Determine who will be completing the form.
    - the parent(s) or guardian of the student; or
    - an adult student; or
    - the appellant's representative.
  3. Send the completed form to the Tribunal Secretary at the above address.

A copy of this completed *Form A*, together with any attachments, will be sent to the school board and to the Tribunal Chair.

**Note:** Complete all parts of *Form A: Notice of Appeal*, using the *Information for Parties* for help. If your *Form A* is not complete, the Tribunal may return it to you. This will slow down the appeal process.

**Contact Information for the Appellant(s)**

**Personal Contact Information for the Appellant(s)**

If there are two appellants, please complete both sections.

**Appellant 1**

First (or Given) Name	Middle Name	Last (or Family) Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Street #	Street Name	Apt/Suite	
<input style="width: 15%;" type="text"/>	<input style="width: 55%;" type="text"/>	<input style="width: 30%;" type="text"/>	
City/Town	Postal Code	Email	
<input style="width: 25%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 60%;" type="text"/>	
Phone: Daytime	Cell	Fax	TTY
<input style="width: 25%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 40%;" type="text"/>

Please indicate **(X)** which is the best way to contact you?  
 Mail     Email     Fax

(If you check email, you are consenting to the delivery of documents by email.)

**Appellant 2**

First (or Given) Name	Middle Name	Last (or Family) Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Street #	Street Name	Apt/Suite	
<input style="width: 15%;" type="text"/>	<input style="width: 55%;" type="text"/>	<input style="width: 30%;" type="text"/>	
City/Town	Postal Code	Email	
<input style="width: 25%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 60%;" type="text"/>	
Phone: Daytime	Cell	Fax	TTY
<input style="width: 25%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 40%;" type="text"/>

Please indicate **(X)** which is the best way to contact you?  
 Mail     Email     Fax

(If you check email, you are consenting to the delivery of documents by email.)

### Personal Contact Information for any other Legal Guardian

Is the person(s) listed above the only parent(s) or legal guardian of the student? If not, please provide the personal contact information for those persons.

First (or Given) Name	Middle Name	Last (or Family) Name

Street #	Street Name	Apt/Suite

City/Town	Postal Code	Email

Phone: Daytime	Cell	Fax	TTY

### Note to the Appellant(s)

Please check the box to confirm that you have the authorization of all the persons listed under "Contact Information for the Appellants."

- Yes, I do

### Representative or Advocate Contact Information

If you want the Tribunal to contact you through another person, you must provide contact information for that person below. If your representative or advocate changes, you must notify the Tribunal.

First (or Given) Name	Middle Name	Last (or Family) Name

Street #	Street Name	Apt/Suite

City/Town	Postal Code	Email

Phone: Daytime	Cell	Fax	TTY

This person is my:

Advocate

Lawyer: Law Society of Upper Canada No. (LSUC) No.

Paralegal: LSUC No.

Please indicate **(X)** which is the best way to contact your representative or advocate?

Mail     Email     Fax

(If you check email, you are consenting to the delivery of documents by email.)

I agree that all correspondence from the Tribunal will be sent to my representative/advocate.

I want all correspondence sent to my representative/advocate to be copied to me

### Information about the Student

First (or Given) Name

Middle Name

Last (or Family) Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth

Gender

<input type="text"/>	<input type="text"/>
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Name of School Board (also called the respondent)

Name of Current School

Current Grade Placement/Special Education Placement

<input type="text"/>
<input type="text"/>

## Steps Leading to This Appeal

### Step 1: Identification, Placement and Review Committee (IPRC) decision

Please describe the IPRC meeting and decision that you appealed to the Special Education Appeal Board (SEAB).

Date of the IPRC meeting

Date on the IPRC Decision Form

Date of subsequent IPRC meeting, if any

Date on the IPRC Decision Form

IPRC identification decision

IPRC placement decision

**Please attach a copy of the IPRC decision** or explain why you have not done so.


### Step 2: Special Education Appeal Board (SEAB) report

Date of the SEAB meeting

Date on the SEAB report

SEAB identification recommendation

SEAB placement recommendation

**Please attach a copy of the SEAB report** or explain why you have not done so.


**Step 3: School board decision that you want to appeal to the Tribunal**

Date of the letter containing the school board decision

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Did the board support the SEAB recommendations?      Yes \_\_\_\_\_      No \_\_\_\_\_

Board's identification decision

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Board's placement decision

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**Please attach a copy of the letter from the school board** or explain why you have not done so.


<b>Grounds for this Appeal</b>
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Please indicate **(X)** what you are appealing:

Identification only                      \_\_\_\_\_

Placement only                              \_\_\_\_\_

Identification and placement      \_\_\_\_\_

## Identification

The following five categories and 12 definitions of exceptionalities are listed in *Special Education: A Guide for Educators*, 2001.

[www.edu.gov.on.ca/eng/general/elemsec/speced/guide.html](http://www.edu.gov.on.ca/eng/general/elemsec/speced/guide.html)

1. Please indicate **(X)** which identification(s) you think describes your child.
  - Behaviour
  - Communication
    - Autism
    - Deaf and Hard-of-Hearing
    - Language Impairment
    - Speech Impairment
    - Learning Disability
  - Intellectual
    - Giftedness
    - Mild Intellectual Disability
    - Developmental disability
  - Physical
    - Physical disability
    - Blind and Low vision
  - Multiple
2. Would you prefer that your child not be identified as exceptional?
  - Yes, I do not want my child to be identified as exceptional.
3. Describe the reasons for your dissatisfaction with the present identification. Explain how you want your child identified or if you want your child to be identified.






**Other Proceedings Regarding this Appeal**

Are there any other legal proceedings pending or under way regarding these same issues?

Name of tribunal, court or other decision making body

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Date of Application

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Please indicate **(X)** the status of your application to another tribunal:

- Being heard     Waiting for review     Completed

What further information should the Tribunal know about the other proceedings regarding this student?


**Accommodations**

Please list any accommodations for special needs that you, your representative or your witnesses need to enable you to present your case to the Tribunal.


## Signature

**Before you sign your *Form A: Notice of Appeal*, carefully read the following:**

The Tribunal will use the information that you have provided on *Form A* to fulfill its responsibilities under the *Education Act*.

The information on *Form A* as well as other information about this case, may become public in the course of the Tribunal processes. This information could also become public in response to a request to the Tribunal under the *Freedom of Information and Protection of Privacy Act*

By signing this *Notice of Appeal*, I :

- understand that this information may become public; and
- declare that my application is complete and accurate.

Please note that the Tribunal posts all decisions on its website. Every effort is made to remove all identifying information about your child and family before posting the decision.

**Appellant's Signature**

**Date**

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**Appellant's Signature (if both parents are appellants)**

**Date**

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